

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	not yet known
Filing Date	date herewith
First Named Inventor	Tsu-Chang Lee
Group Art Unit	not yet known
Examiner Name	not yet known
Attorney Docket Number	51742.00005

I hereby appoint:

☐ Practitioners at Customer Number  
OR

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name/ Registration Number
Arnold de Guzman, Reg. No. 39,955

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number

Place Customer  
Number Bar Code  
Label here

☐ Practitioners at Customer Number OR

<input type="checkbox"/> Firm or Individual Name	SQUIRE, SANDERS & DEMPSEY L.L.P.
--	----------------------------------

Address	600 Hansen Way
---------	----------------

City	Palo Alto	State	CA	ZIP	94304
------	-----------	-------	----	-----	-------

Country	U.S.A.
---------	--------

Telephone	(650) 856-6500	Fax	(650) 856-3619
-----------	----------------	-----	----------------

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest See 37 CFR 3.71

Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Tsu-Chang Lee
------	---------------

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**SIGNATURE of Applicant or Assignee of Record**

Name	Hsi-Sheng Chen
------	----------------

Signature	
-----------	--

Date	
------	--

**SIGNATURE of Applicant or Assignee of Record**

Name	Song Howard An
------	----------------

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms is submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With OR Initial Filing (unsigned)  <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	51742.00005
	<b>First Named Inventor</b>	Tsu-Chang Lee
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	not yet known
	<b>Filing Date</b>	date even herewith
	<b>Group Art Unit</b>	not yet known
	<b>Examiner Name</b>	not yet known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Virtual Broadband Communication Through Bundling of a Group of Circuit Switching and Packet Switching Channels

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Arnold M. de Guzman, Esq. Squire, Sanders & Dempsey LLP <b>Name</b>					
600 Hansen Way <b>Address</b>					
Palo Alto <b>City</b>		California <b>State</b>		94304-1043 <b>ZIP</b>	
USA <b>Country</b>		650 856.6500 <b>Telephone</b>		650 843 8777 <b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Tsu-Chang (first and middle [if any])			Family Name Lee or Surname		
Inventor's Signature				Date	
Los Altos <b>Residence: City</b>		California <b>State</b>		U.S.A. <b>Country</b>	
				U.S.A. <b>Citizenship</b>	
485 Aspen Way, Los Altos, CA 94024 <b>Mailing Address</b>					
Los Altos <b>City</b>		California <b>State</b>		94024 <b>Zip</b>	
				U.S.A. <b>Country</b>	
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Hsi-Sheng (first and middle [if any])			Family Name Chen or Surname		
Inventor's Signature				Date	
Fremont <b>Residence: City</b>		California <b>State</b>		U.S.A. <b>Country</b>	
				U.S.A. <b>Citizenship</b>	
44042 Geddy Ct, Fremont, CA 94539 <b>Mailing Address</b>					
Fremont <b>City</b>		California <b>State</b>		94539 <b>Zip</b>	
				U.S.A. <b>Country</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002. OMB 0651-0032

U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Song H.		An	
Inventor's Signature		Date	
Residence: City	San Diego	State	California
		Country	U.S.A
Mailing Address		Citizenship U.S.A.	
12048 Avenida Sivrita, San Diego, CA 92128			
Mailing Address			
City	San Diego	State	California
		ZIP	92128
		Country	U S A
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address		Citizenship	
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address		Citizenship	
Mailing Address			
City		State	
		Zip	
		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231